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Form **990**

Department of the Treasury Internal Revenue Service •

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

2012

Open to Public Inspection

A F	or the	e 2012 calendar year, or tax year beginning JUL 1, 2012 and ending	JUN 30, 2013	
В	Check if	C Name of organization	D Employer identif	cation number
а	pplicabl	BALTIMORE OFFICE OF PROMOTION		
	Addre chang	AND THE ARTS INC.		
Γ	Name		90-0	091850
\vdash	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
F	Termir	· · · · · · · · · · · · · · · · · · ·		752-8632
\vdash	lated Amen		G Gross receipts \$	5,704,444.
\vdash	_Jreturn ∏Applic		H(a) Is this a group r	
_	ition pendir		for affiliates?	Yes X No
		SAME AS C ABOVE		
			H(b) Are all affiliates in	
_				list (see instructions)
		te: WWW.PROMOTIONANDARTS.ORG	H(c) Group exemption	
	art i		rear of formation: ZUUZ r	M State of legal domicile: MD
F		Summary	THORR OPEROR	O.D.
e S	1	Briefly describe the organization's mission or most significant activities THE BALT		
ā		PROMOTION & THE ARTS (BOPA), THE NON-PROFIT		
err	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its net a	1
05-	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
¥.	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
T-Activities & Governance	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	. 5	54
2	6	Total number of volunteers (estimate if necessary)	6	990
52	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	0.
يخ	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
ر			Prior Year	Current Year
Bevenyed F	8	Contributions and grants (Part VIII, line 1h)	3,206,602.	3,845,332.
2	9	Program service revenue (Part VIII, line 2g)	1,170,334.	1,061,867.
روم چ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,156.	37,699.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	258,847.	487,201.
2014	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,660,939.	5,432,099.
*	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	131,444.	167,441.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Ś	15	Salaries, other compensation, employee benefits (Rart-IX colling A), lines 5-10)	2,615,667.	2,693,956.
nse	16a	Salaries, other compensation, employee benefits (Part-IX, column A) ines 5-10) Professional fundraising fees (Part IX, column (A), life (B)	0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), thre 25) 40(\$7,189.		
ũ		Other expenses (Part IX, column (A), lines 11a 1d, 11634e) 1 5 2013	1,857,977.	2,139,707.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,605,088.	5,001,104.
		Payanua loss synances Subtract line 19 from line 12	55,851.	430,995.
or es		Nevertue less expenses. Subtract line to Holly line OGNEN.	Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,795,861.	4,838,537.
Ass	21	Total liabilities (Part X, line 26)	1,506,751.	
ΞĔ	22	Net assets or fund balances Subtract line 21 from line 20	3,289,110.	3,785,933.
	art II	Signature Block	3,203,110.	
_		ilties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the hest of m	v knowledge and helief it is
		et, and complete. Declaration of greparer (other than officer) is based on all information of which pre		ly knowledge and belief, it is
uuc,	, 601160	that complete becausing of preparer (other mail officer) is based on all information of which pre		.14
C:	_	Signature of officer D	Date 1: 1	<u>'</u> -}
Sign		1	54.0	
Her	е	GREGORY DERWART, CHIEF OPERATING OFFICER Type or print name and title		
_			Date Check	PTIN
D-'-		Print/Type preparer's name Preparer's signature		-
Paid		CIMOD HOOM!	01/02/14 self-employ	
	oarer	Firm's name HALT, BUZAS & POWELL, LTD.	Firm's EIN	26-0004395
use	Only	Firm's address 1199 N. FAIRFAX ST. 10TH FLOOR		702\ 026 4252
_		ALEXANDRIA, VA 22314	Phone no. (703) 836-1350
		AS discuss this return with the preparer shown above? (see instructions)		X Yes No
2320	01 12-1	0-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2012)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION,

Form	990 (2012) AND THE ARTS INC.	90-009	<u> 1850 </u>	Page 2
Pai	t III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this Part III			X
1	Briefly describe the organization's mission			
	THE MISSION OF THE BALTIMORE OFFICE OF PROMOTION AND		(BOPA	4
	IS TO MAKE BALTIMORE A MORE CREATIVE AND VIBRANT CITY			
	THE EVENTS CENTER, ARTS COUNCIL, AND FILM OFFICE FOR I			
		ANNUALLY	REACH.	<u>ES</u>
2	Did the organization undertake any significant program services during the year which were not listed on			₩
	the prior Form 990 or 990-EZ?		Yes	X No
_	If "Yes," describe these new services on Schedule O	0		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es /	Yes	NO LAJ
	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services	as massured by	OVDODGOG	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to			
	revenue, if any, for each program service reported.	others, the total e	Apenaea, a	ina
4a	F0C 100	evenue \$	473.	340.)
	ATTRACTIONS: SCHOOL 33 ART CENTER PRESENTS CONTEMPORAL			, 10 (
	EXHIBITIONS, OFFERS YOUTH AND ADULT VISUAL ARTS CLASSI		ROVID	ES
	LOW COST STUDIO SPACE FOR ARTISTS; BROMO SELTZER ARTS			
	PROVIDES LOW COST STUDIO SPACE AND EXHIBITIONS, AS WEI			THE
	HISTORIC CLOCK STRUCTURE. TOP OF THE WORLD OBSERVATION	ON LEVEL	PROVI	DES
	65,000 ANNUAL VISITORS A CHANCE TO VIEW BALTIMORE AND	LEARN AB	OUT TI	HE
	CITY. THE CLOISTERS OFFERS CORPORATE AND PRIVATE RENT	TALS; THE		
	BALTIMORE FARMERS MARKET AND BAZAAR ATTRACTS MORE THAN			
	EVERY SUNDAY FROM APRIL-DECEMBER AT THE STATE'S LARGES	ST PRODUC	ER-ON	LY
	MARKET.			
	2.066.144		622	<u> </u>
4b	(Code) (Expenses \$ 3,066,144. including grants of \$ 167,441.) (R			<u>630.</u>)
	EVENTS/CULTURAL AFFAIRS: BOPA ORGANIZES MAJOR CITY CUI INCLUDING ARTSCAPE, THE LARGEST FREE ARTS FESTIVAL IN			
	(350,000 ESTIMATED ATTENDEES), AND BALTIMORE BOOK FEST		THREE	-DAV
		ALSO PRO		<i>D</i>
	LARGE CITY EVENTS INCLUDING NEW YEAR'S EVE, JULY 4TH,	MARTIN L		
	KING JR. DAY PARADE, AND MORE. BOPA PROVIDES SUPPORT			
	LOCAL COMMUNITY EVENTS THROUGHOUT BALTIMORE'S NEIGHBOR	RHOODS.	BOPA	
	SERVES AS THE ARTS COUNCIL, PUBLIC ART AND FILM OFFICE	E FOR BAL	TIMOR	E.
	WE COMMISSION ARTISTS TO PAINT PUBLIC MURALS, INSTALL			
	SCULPTURE AND DESIGN PROJECTS, AND COORDINATE THE LOG			
	THAN 100 FILM PRODUCTIONS ANNUALLY. BOPA PROVIDES PUR			
	ARTS THROUGH PROGRAMS LIKE FREE FALL BALTIMORE, WHICH			, מא
4c	(Code) (Expenses \$) (R	evenue \$)
			·	
				
		-		
4d	Other program services (Describe in Schedule O)			
	(Expenses \$ including grants of \$) (Revenue \$			
<u>4e</u>	Total program service expenses ► 3,852,272.		O	90 (2012)
23200		V (S)	Form 3	JU (2012)

Form 990 (2012) AND THE ARTS INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			.,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_ ا		v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		X
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-	_	Λ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-'-		
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
_	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.	-	-	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional to the organization a septent described in section 170/b)(1)(A)(ii)2 If "Yes," complete Schedule E.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	170		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		_X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2012)

orm 990 (2012)

Part IV Checklist of Required Schedules (continued)

		Form	990	(2012)
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	If "Yes," complete Schedule R, Part V, line 2	36		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		├—
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05.		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Part V, line 1	34		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		^
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
00	Schedule N, Part II	32		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		v
20	If "Yes," complete Schedule N, Part I	31		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		x
24	contributions? If "Yes," complete Schedule M	30		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		^
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
С				v
b		28b		<u>X</u>
а		28a		X
	instructions for applicable filing thresholds, conditions, and exceptions):			77
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	Schedule L, Part I	25b		X
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
b				
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			,.
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	any tax-exempt bonds?	24c		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Schedule K If "No", go to line 25	24a		X
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	Schedule J	23	X	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
			Yes	No

Form 990 (2012) AND THE ARTS INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
	,		Yes	No
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	78	165	INO
	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	10	<u>.</u>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1
		54	ļ	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	,	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	.	X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	_	i	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	,	X
		5b	,	Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50	:	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	,	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	or? 7 a	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	,	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	:	X
	If "Yes," indicate the number of Forms 8282 filed during the year		į	
е		7e		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		₩
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		\neg	+
		Σ? 7h	4	+
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
^	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	+	+
9	Sponsoring organizations maintaining donor advised funds. Did the properties make any tayable distributions under section 49663			
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		+
10	Section 501(c)(7) organizations. Enter:	90	+	+-
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	\dashv		
11	Section 501(c)(12) organizations. Enter		İ	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			l
_	amounts due or received from them)	ļ		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	a	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13:	а	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	\bot		<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14	a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14		
		Fα	rm 99 0	1/2012

AND THE ARTS INC.

90-0091850

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check If Schedule O contains a response to any question in this Part VI					X			
Sec	tion A. Governing Body and Management								
			ı		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	iip with	any other						
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	he direc	ct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X			
4									
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X			
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or						
	more members of the governing body?			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or						
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	ie following:						
а	The governing body?		-	8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u>X</u>			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code)						
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		<u>X</u>			
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapter	s, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ere filing the form?	11a	X				
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	12a Did the organization have a written conflict of interest policy? If "No," go to line 13								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe						
	ın Schedule O how this was done			12c	X				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	Х				
15	Did the process for determining compensation of the following persons include a review and approve	-	ndependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?							
а	The organization's CEO, Executive Director, or top management official			15a	X				
b	Other officers or key employees of the organization			15b	X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a			17			
_	taxable entity during the year?			16a		<u>X</u>			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the	•	•						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of	anızatıo	n's						
	exempt status with respect to such arrangements?			16b					
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed MD	T (01	504(-)(0)		•				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	· i (Sect	iion ou i (c)(3)s only) :	avallab	ie				
	for public inspection. Indicate how you made these available. Check all that apply	n C -	hadula Ol						
40	Own website Another's website X Upon request Other (explain		•	al 45					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	ONTHE	oi interest policy, an	u tinar	iciai				
~~	statements available to the public during the tax year.								
20									
	THE ORGANIZATION - 410-752-8632 10 EAST BALTIMORE STREET, 10TH FLOOR, BALTIMORE, 1	MD	21202						
23200	6	ريت	<u> </u>	Form	gan	(2012)			
12-10	12			1 0111		(4014)			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check of Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization n	T	orga	ai iiZa			iipel	ısal	1		(5)
(A) (B)				(C Posi		,		(D)	(E)	(F)
Name and Title	Average		to not check mor			more than one		Reportable	Reportable	Estimated
	hours per week	box, unless person is both an officer and a director/trustee)					compensation	compensation from related	amount of other	
	(list any	ē				Ī		the	organizations	compensation
	hours for	or director				-0		organization	(W-2/1099-MISC)	from the
	related	10 99	şe			ısate		(W-2/1099-MISC)	(** 2. 100000)	organization
	organizations	Individual trustee	Institutional trustee		yee	Highest compensated employee		(** =* ********************************		and related
	below	dual	를	<u>ا</u>	oldwa	est co	5			organizations
	line)	liga	Instr	Officer	Key employee	F P	Former			
(1) WILLIAM B. GILMORE	35.00								_	
PRESIDENT/CHAIRMAN/EXECUTIVE DIRECTO		X	_	X		<u> </u>		138,153.	0.	28,189
(2) SHELIA Y. GOODWIN	35.00					1				
SECRETARY/DIRECTOR OF SPECIAL EVENTS		Х		X				60,200.	0.	20,030
(3) SANDRA S. HILLMAN	4.00									
BOARD MEMBER		X						0.	0.	0
(4) JEFFREY P. PILLAS	4.00				ŀ				_	_
BOARD MEMBER		X		_				0.	0.	0
(5) ROSALIND M. HEALY	35.00									
VICE PRESIDENT/DEPUTY DIRECTOR		X	_	X	_	ļ		98,617.	0.	24,419
(6) RANDI VEGA	35.00							57 000		
BOARD MEMBER/DIRECTOR OF CULTURAL AF	1 00	X	ļ	Х		ļ		67,209.	0.	24,305
(7) KIMBERLY A. CLARK	4.00					ŀ				_
BOARD MEMBER	4 00	X	├	ļ				0.	0.	0
(8) THOMAS CRAWFORD	4.00	,,				i				_
BOARD MEMBER	25 00	X	⊢	_	-	-		0.	0.	0
(9) GREGORY DERWART	35.00				į			70 750		20 661
TREASURER	4 00	X		Х	_	┝		78,759.	0.	39,661
(10) BERT HASH	4.00	-								_
BOARD MEMBER	 	X	 -			├		0.	0.	0
		L_								
			_	<u> </u>			_			
		-				ŀ				
		\vdash	\vdash	-	-	\vdash	<u> </u>			
		_								
			-	-			_			
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Form 990 (2012)

AND THE ARTS INC.

Form 990 (2012) AND THE A									90-0	791	850	Pag	je o
Part VII Section A. Officers, Directors, Trus		ploy	ees.			ghes	st C						
(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than on the state of the state	n an	compensation compensation			on amount of		
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	5	the organization (W-2/1099-MISC)	organization (W 2/1099-MIS	s	comp fro orga and	ensation the inization related	n t
	line)	Individ	Institu	Officer	Key en	Higher	Former				orga	nzatioi	13
-													
									-				
		-										•	
1b Sub-total	-	1			L			442,938.		0.	136	,60	4.
c Total from continuation sheets to Part VI	I, Section A							0.		0.	126		0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n	ot limited to th	nose	liste	nd al	hove	=) wh		442,938.	000 of reportable	0.	130	,60	4.
compensation from the organization									,ooo or repertuel				1
										г		Yes 1	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual			•	•				, ,		3		<u>X</u> _
4 For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization			х	
5 Did any person listed on line 1a receive or a									dual for services	ŀ	4	^	
rendered to the organization? If "Yes," com	•				•						5		<u> </u>
Section B. Independent Contractors													
1 Complete this table for your five highest co										pensa	ation fr	om	
the organization. Report compensation for (A)	tne catendar y	eare	enaii	ng w	vitn	or w	tnir	the organization's tax (B)	/ear.		(C)		
Name and business	address							Description of s	ervices	C	ompen		
SAIL BALTIMORE, 3720 DILLON STREET, 3RD FLOOR, BALTIMORE, MD 21224 EVENT ORGANIZER							412	2,56	5.				
AZOLA BUILDING REHAB CONSTRUCTION/RENOVAT													
4901 SPRINGARDEN DRIVE, I				<u>4D</u>	2:	120	9	IONS			215	5,58	<u>4.</u>
RAFFA PC, 1899 L STREET, SUITE 900, WASHINGTON, DC 20036 ACCOUNTING 18							195	, 22	3				
BRITTEN SERVICES BANNER DESIGN &							102	2,33	<u> </u>				
PO BOX 633723, CINCINNAT	I, OH 45	526	53				- 1	INSTALLATION			138	,12	4.
													_
2 Total number of independent contractors (i		ot lii	nite	d to		_	ted	d above) who received m	ore than				
\$100,000 of compensation from the organi	zation 🕨					<u>4</u>							

		Check if Schedule O cont		to any question	in this Part VIII			
		,		to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1 a	Federated campaigns	1a					
irar our	b	Membership dues	1b	·]		
ğ,	С	Fundraising events	1c					
# F		Related organizations	1d]			
S,E		Government grants (contribut	ions) 1e 2,	309,647.				
P S		All other contributions, gifts, gran			1			•
돌		similar amounts not included abor		535,685.		1		
들임	q	Noncash contributions included in lines		9,107.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			3,845,332.			
\neg		_		Business Code				
ا يو	2 a	ADMISSIONS		900099	473,340.	473,340.		
١		EVENT REVENUE		900099	340,064.	340,064.		
SE	С	REIMBURSEMENT		900099	248,463.	248,463.		
e a	d							
Program Service Revenue	е							
<u>r</u>	f	All other program service reve	enue					
	q	Total. Add lines 2a-2f			1,061,867.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		•	44,602.			44,602.
	4	Income from investment of tax	x-exempt bond p	proceeds	· · · · · · · · · · · · · · · · · · ·			
ĺ	5	Royalties						
}		•	(ı) Real	(II) Personal				
- 1	6 a	Gross rents	611,220.					
	b	Less. rental expenses	200,996.					
	С	Rental income or (loss)	410,224.					
- 1	d	Net rental income or (loss)		•	410,224.			410,224.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	48,118.					
	b	Less: cost or other basis						
		and sales expenses	47,026.					
	c	Gain or (loss)	1,092.	-7,995.				
	d	Net gain or (loss)	•		-6,903.			-6,903.
<u>o</u>	8 a	Gross income from fundraising	g events (not					
e l		including \$	of					
<u>§</u>		contributions reported on line	1c) See]		1		
Other Revenu		Part IV, line 18	а					
٤I	b	Less direct expenses	b					
	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а					
		Less direct expenses	b					
	С	: Net income or (loss) from garr	ning activities					
ł	10 a	Gross sales of inventory, less	returns					
		and allowances	. а					
1	b	Less: cost of goods sold	. b	16,328.				
ļ	<u> </u>	Net income or (loss) from sale	s of inventory	<u> </u>	45,103.	45,103.		
ļ		Miscellaneous Revenu	ie	Business Code	1 1			
	11 a	MISCELLANEOUS	·	900099	31,874.			31,874.
ļ	b							
ł	c							
	d	All other revenue		<u> </u>				
ĺ	е	Total. Add lines 11a-11d	-		31,874.			1
2222	12	Total revenue. See instructions.		<u> </u>	5,432,099.	1,106,970.	0	
23200 12-10-								Form 990 (2012)

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Form 990 (2012) AND THE ARTS
Part IX Statement of Functional Expenses

	Check if Schedule O contains a response to tinclude amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and		expenses	general expenses	expenses
•	organizations in the United States. See Part IV, line 21	167,441.	167,441.		
2	Grants and other assistance to individuals in				
_	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	}			
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	609,752.	400,194.	209,558.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,539,175.	1,023,304.	262,147.	253,724
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	99,034.	64,068.	14,101.	20,865
9	Other employee benefits	432,561.	286,732.	86,723.	59,106
10	Payroll taxes	13,434.	9,445.	2,645.	1,344
11	Fees for services (non-employees)				
а	Management	0.45		0.45	
b	Legal	945.	100 664	945.	16 051
С	Accounting	187,768.	122,664.	48,853.	16,251
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25,	270 001	268,391.	5,358.	E 12E
••	column (A) amount, list line 11g expenses on Sch O.)	278,884. 147,999.	144,492.	-638.	5,135 4,145
12	Advertising and promotion	157,926.	126,058.	23,813.	8,055
13	Office expenses Information technology	36,051.	27,362.	3,771.	4,918
14 15	Royalties	30,031.	21,302.	3, 1, 1 1 0	4,510
15 16	Occupancy	188,071.	132,927.	35,554.	19,590
10 17	Travel	35,172.	29.938.	4,373.	861
17 18	Payments of travel or entertainment expenses	33,172.	25,550.	<u> </u>	001
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			-	
20	Interest			•	· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	81,090.	61,204.	17,566.	2,320
23	Insurance	55,988.	46,532.	5,557.	3,899
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	EVENT EXPENSE	708,788.	706,413.	377.	1,998
b	FACILITY EXPENSE	170,040.	168,818.	1,222.	0
C	MISCELLANEOUS	51,937.	42,534.	9,453.	-50
ď	TRAINING	39,048.	23,755.	9,265.	6,028
	All other expenses				- 1
25	Total functional expenses. Add lines 1 through 24e	5,001,104.	3,852,272.	740,643.	408,189
26	Joint costs. Complete this line only if the organization				* <u>-</u> -
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

AND THE ARTS INC.

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P	art	Balance Sheet	· · · · · · · · · · · · · · · · · · ·		
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	7.	Cash non-interest-bearing	2,100.	1	1,338,214
	1 2	ask was at most s	1,282,834.	2	601,036
	3		52,687.	3_	0
	4		1,045,665.	4	333,672
	5	his face ourrent and former officers directors			
	•	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
- 1		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		j	
- 1		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
cion.	. 7	Notes and loans receivable, net		7	
3	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	86,209.	9	109,835
-		Land, buildings, and equipment cost or other			
	-	basis Complete Part VI of Schedule D 10a 1,218,876.			
-	ь	Less accumulated depreciation . 10b 253,670.	1,038,469.	10c	965,206
1	11	Investments - publicly traded securities	1,229,064.	11	1,475,776
- 1	2	Investments · other securities See Part IV, line 11		12	
- 1		Investments - program-related See Part IV, line 11		13	
1		Intangible assets		14	
1:	5	Other assets See Part IV, line 11	58,833.	15	14,798
10		Total assets. Add lines 1 through 15 (must equal line 34)	4,795,861.	16	4,838,537
17		Accounts payable and accrued expenses	740,036.	17	167,171
18		Grants payable		18	
19	9	Deferred revenue	162,634.	19	174,155
20)	Tax-exempt bond liabilities		20	
2	1	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	2	Loans and other payables to current and former officers, directors, trustees,			
	١	key employees, highest compensated employees, and disqualified persons			
	(Complete Part II of Schedule L		22	
23	3 5	Secured mortgages and notes payable to unrelated third parties		23	
24	, (Unsecured notes and loans payable to unrelated third parties		24	
25	5 (Other liabilities (including federal income tax, payables to related third			
	- 1	parties, and other liabilities not included on lines 17-24) Complete Part X of			
	;	Schedule D	604,081.	25	<u>711,278</u>
26		Fotal liabilities. Add lines 17 through 25	1,506,751.	26	1,052,604
	(Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
	(complete lines 27 through 29, and lines 33 and 34.			
27	7	Unrestricted net assets	2,955,457.	27	3,243,727 542,206
28	3	Temporanily restricted net assets	333,653.	28	542,206
29		Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
		and complete lines 30 through 34.			
30		Capital stock or trust principal, or current funds		30	
31		Paid-in or capital surplus, or land, building, or equipment fund		31	
32		Retained earnings, endowment, accumulated income, or other funds		32	- <u> </u>
33		Total net assets or fund balances	3,289,110.	33	3,785,933
	1	Total liabilities and net assets/fund balances	4,795,861.	34	4,838,537

BALTIMORE OFFICE OF PROMOTION 90-0091850 Page 12 AND THE ARTS INC. Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI <u>5,432,099.</u> Total revenue (must equal Part VIII, column (A), line 12) 5,001,104. 2 Total expenses (must equal Part IX, column (A), line 25) 3 430,995. 3 Revenue less expenses Subtract line 2 from line 1 3,28<u>9</u>,<u>110.</u> 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 65,828. 5 5 Net unrealized gains (losses) on investments 6 6 Donated services and use of facilities 7 7 Investment expenses 8 Prior period adjustments 0. 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 3,785,933. 10 column (B)) Part XII Financial Statements and Reporting \mathbf{x} Check if Schedule O contains a response to any question in this Part XII Yes No If the organization changed its method if accounting from a prior year or checked "Other," explain in Schedule O Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or loth Both consolidated and separate basis Consodated basis Separate basis X Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant? 2¢

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

X

За

Form 990 (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

BALTIMORE OFFICE OF PROMOTION Employer identification number Name of the organization AND THE ARTS INC. 90-0091850 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) Achurch, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 9 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h d Type III · Non-functionally integrated c ____ Type III - Functionally integrated a Type I __ Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (iv) Is the organization (v) Did you notify the (vi) Is the organization in col (iii) Type of organization (i) Name of supported (ii) EIN (vii) Amount of monetary in col. (i) listed in your (described on lines 1-9 organization in col. organization (i) organized in the support governing document? (i) of your support? above or IRC section U.S.? (see instructions)) Yes No Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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Schedule A (Form 990 or 990-EZ) 2012 AND THE ARTS INC. 90-00918

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	1 /1 /1 /1	
(Complete only if you checked the box on line 5, 7, or 8 of Part I or	f the organization failed to qualify und	der Part III If the organization
fails to qualify under the tests listed below, please complete Part III)	

Se	ction A. Public Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	4760116.	4159744.	3200538.	3206602.	3845332.	19172332.
2	Tax revenues levied for the organ-					-	
	ization's benefit and either paid to						
	or expended on its behalf				_		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4760116.	4159744.	3200538.	3206602.	3845332.	19172332.
5	The portion of total contributions			,			
	by each person (other than a						
	governmental unit or publicly			- ,	-		
	supported organization) included			•			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			•			
6	Public support. Subtract line 5 from line 4						19172332.
	ction B. Total Support		=	-	-		
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	4760116.	4159744.	3200538.	3206602.		19172332.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	Ì					
	and income from similar sources	484,987.	528,779.	553,753.	475,082.	655,822.	2698423.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	-	•		-		
	or loss from the sale of capital						
	assets (Explain in Part IV.)	93,132.	95,761.	45,083.	32,421.	31,874.	298,271.
11	Total support. Add lines 7 through 10						22169026.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 4	1,373,538.
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop					•	<u>▶</u>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (I	line 6, column (f) di	ivided by line 11, c	column (f))		14	86.48 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14	-		15	<u>87.14 %</u>
16a	33 1/3% support test - 2012. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b	
	stop here. The organization qualifies	as a publicly supp	orted organization	٠.	•		. > [X]
b	33 1/3% support test - 2011. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization qual	· ·	• • •	- ·		-	▶
17a	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	i <mark>ere.</mark> Explain in Pai	rt IV how the orga	nızatıon
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a	publicly supported	d organization		▶∟
b	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	heck this box and	stop here. Explair	in Part IV how th	e
	organization meets the "facts-and-circ	cumstances" test	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ind see instruction	ns ►
					Sche	edule A (Form 99	0 or 990-EZ) 2012

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose					}	
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
						
4 Tax revenues levied for the organ-						ļ
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						·
7a Amounts included on lines 1, 2, and	_					
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						•
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)					<u> </u>	L
Section B. Total Support			T	T	T	
alendar year (or fiscal year beginning in) 🕨 📙	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6				ļ	ļ	
10a Gross income from interest, dividends, payments received on						ĺ
securities loans, rents, royalties						
and income from similar sources				<u> </u>		
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
1 Net income from unrelated business						
activities not included in line 10b,				1		
whether or not the business is						
regularly carried on 2 Other income. Do not include gain			· · · · · · · · · · · · · · · · · · ·	 	 	
or loss from the sale of capital						
assets (Explain in Part IV.)					-	
3 Total support. (Add lines 9, 10c, 11, and 12)			<u></u>	<u> </u>		l
4 First five years. If the Form 990 is for t	the organization's	s first, second, thii	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
check this box and stop here						<u> </u>
ection C. Computation of Public	<u>c Support Pe</u>	rcentage				
5 Public support percentage for 2012 (lir	ne 8, column (f) d	livided by line 13,	column (f))		15	9
6 Public support percentage from 2011	Schedule A, Part	III, line 15			16	9
ection D. Computation of Inves	tment Incom	e Percentage				
7 Investment income percentage for 201	12 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	9
8 Investment income percentage from 2	011 Schedule A,	Part III, line 17			18	ç
9a 33 1/3% support tests - 2012. If the o			on line 14, and lin	e 15 is more than :		
more than 33 1/3%, check this box an	-					▶ [
b 33 1/3% support tests - 2011. If the c	•		• •			and —
line 18 is not more than 33 1/3%, chec	_					
			•		•	
O Private foundation. If the organization	i did not check a	DOX OR line 14, 19	a, or 190, check t	nis dox and see in	Structions	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ➤ See separate instructions.

2012 Open to Public Inspection

Name of the organization

BALTIMORE OFFICE OF PROMOTION

Employer identification number

-	AND THE ARTS INC.	d Francis on Odhou O' 11 F	1 90-0091850
Pa	rt I Organizations Maintaining Donor Advise		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	inds
Ŭ	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		•
0	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	a derior advisor, or for any other purpose come	Yes No
Da	rt II Conservation Easements. Complete if the org	nanization answered "Yes" to Form 990. Part IV	
			, inte 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		
	Protection of natural habitat ,	Preservation of a certified b	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a c	conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the orga	anization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements r		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	-	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	, , , , , , , , , , , , , , , , , , , ,	Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense state	ement, and balance sheet, and
-	include, if applicable, the text of the footnote to the organizar		
	conservation easements.		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement :	and balance sheet works of art.
	historical treasures, or other similar assets held for public ext	•	
	the text of the footnote to its financial statements that descri		, pablic convice, provide, in harryin,
	If the organization elected, as permitted under SFAS 116 (AS		balance sheet works of art, historical
b			
	treasures, or other similar assets held for public exhibition, e	oucation, or research in turtherance of public s	service, provide the following amounts
	relating to these items:		. .
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		n, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X	-	> \$

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Sche		ARTS INC.		· · · · · · · · · · · · · · · · · · ·			0091850 Page 2
Par	t III Organizațions Maintaining C	ollections of Art	t, Historical Tr	easures, c	or Other S	Similar As	ssets(continued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following tha	ıt are a sıgnı	ficant use o	fits collection items
	(check all that apply)						
а	Public exhibition	d		hange progra			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	llections and explain	how they further t	he organizati	on's exempt	t purpose in	Part XIII
5	During the year, did the organization solicit or	r receive donations of	f art, historical trea	isures, or oth	er sımılar as	sets	
	to be sold to raise funds rather than to be ma						Yes No
Par	t IV Escrow and Custodial Arrang		e if the organization	on answered	"Yes" to For	m 990, Part	tV, line 9, or
	reported an amount on Form 990, Par						
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for contribution	ns or other as	sets not inc	luded	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table		1		
							Amount
C	Beginning balance .					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
	Did the organization include an amount on Fo						Yes No
	If "Yes," explain the arrangement in Part XIII						
Par	t V Endowment Funds. Complete if			T			
		(a) Current year	(b) Prior year	(c) Two year	rs back (d)	Three years b	ack (e) Four years back
1a	Beginning of year balance					14 1481	
b	Contributions						
С	Net investment earnings, gains, and losses			<u> </u>			
d	Grants or scholarships			 			
е	Other expenditures for facilities						
_	and programs						
T	Administrative expenses						
g	End of year balance		() 1	-\\ b.a.l.d.a.a.			
2	Provide the estimated percentage of the curr	ent year end balance	· ·	a)) neid as:			
a	Board designated or quasi-endowment Permanent endowment	%	_%				
D	· · · · · · · · · · · · · · · · · · ·	% %					
С	Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c shou						
20	Are there endowment funds not in the posse		tion that are hold a	and administs	rod for the	organization	
Sa	by:	ssion of the organizat	non mat are new a	uio auministe	neu ioi ine i	Ji yanization	Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
ь	If "Yes" to 3a(ii), are the related organizations	listed as required on	Schedule R2				3b
4	Describe in Part XIII the intended uses of the						1 00 1
	t VI Land, Buildings, and Equipm					 	
L	Description of property	(a) Cost or oth	ı	t or other	(c) Accu	mulated	(d) Book value
		basis (investm		(other)	depred		(=, =, =, =, =, =, =, =, =, =, =, =, =, =
1a	Land			· · · · · · · · · · · · · · · · · · ·	<u> </u>		
	Buildings			.,			
C	Leasehold improvements		1,09	4,958.	17	9,485.	915,473.
d	Equipment			3,918.		4,185.	49,733.
	Other				<u> </u>		
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X	(, column (B), line	10(c))		▶	965,206.

Schedule D (Form 990) 2012 AND THE ART: Part VII Investments - Other Securities. See		2	90-0091850 Pag
(a) Description of security or category (including name of security)	(b) Book value		. Cost or end of year market value
(1) Financial derivatives		 	
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			······································
(D)		<u> </u>	
(E)			
(F)			
			
(G)			
(H)			
(I)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Se			
(a) Description of investment type	(b) Book value	(c) Method of valuation	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	15.		
<u> </u>	Description		(b) Book value
(1)			
(2)			
(3)			
	· =1·		
(4) (5)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	· · · · · · · · · · · · · · · · · · ·	-	
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
Part X Other Liabilities. See Form 990, Part X, I	ne 25		
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) ACCRUED PAYROLL		46,590.	
(3) ACCRUED LEAVE		416,984.	
(4) DUE TO ORGANIZATION		103,085.	
(5) CAPITAL LEASE OBLIGATIONS		26,254.	
(6) DEFERRED RENT		108,490.	
(7) SECURITY DEPOSIT		9,875.	
(8)		,	
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	251	711,278.	
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the tex			ents that reports the executation's
			_
liability for uncertain tax positions under FIN 48 (ASC 7	40). Oneok nere it ine te	ALOI THE TOOTHOLE HAS DEEN DE	OVIDED III FAIT AIII

232053 12-10-12

Sche	dule D (Form 990) 2012 AND THE ARTS INC.				0091850	Page 4
Par	XI Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Revenue per R	eturr	1	
1	Total revenue, gains, and other support per audited financial statements			1	5,892	<u>699.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	65,828.			
b	Donated services and use of facilities	2b	<u>185,781.</u>			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII)	2d	200,996.			
е	Add lines 2a through 2d			2e		605.
3	Subtract line 2e from line 1			3	5,440	094.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	<u>-7,995.</u>		<u>_</u>	
С	Add lines 4a and 4b			4c		995.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			_5_	5,432	<u>.099.</u>
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses per	Retu		
1	Total expenses and losses per audited financial statements			1_	5,395	876.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.					
а	Donated services and use of facilities .	2a	185,781.		; !	
b	Prior year adjustments	2b				
C	Other losses .	2c				
d	Other (Describe in Part XIII)	2d	208,991.			
е	Add lines 2a through 2d			2e		<u>,772.</u>
3	Subtract line 2e from line 1			3	5,001	104.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			- 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]		
b	Other (Describe in Part XIII)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	5,001	104.
Par	t XIII Supplemental Information					
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1	a and 4, Part IV, lines 1	b and	2b, Part V, line	4, Part
X, line	2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to	orovide	any additional informat	ion.		
	T X, LINE 2: BOPA IS EXEMPT FROM FEDERAL A				XES	
UNI	ER SECTION 501(C)(3) OF THE INTERNAL REVEN	IUE	CODE ON ANY	NET	INCOME	
DEF	IVED FROM ACTIVITIES RELATED TO ITS EXEMPT	' PU	RPOSE. THIS	CO	DE SECT	ON_
ENA	BLES BOPA TO ACCEPT DONATIONS THAT QUALIFY	AS	CHARITABLE	CON	TRIBUTIO	ONS
TO	THE DONOR. BOPA IS SUBJECT TO TAX ON NET	INC	OME FROM UNR	ELA	TED	
BUS	INESS ACTIVITIES. FOR THE YEARS ENDED JUN	IE 3	0, 2013 AND	201	2, BOPA	DID
						_
NO'	RECOGNIZE INCOME TAX EXPENSE IN THE ACCOM	<u>IPAN</u>	YING FINANCI	AL	<u>STATEMEN</u>	NTS
AS	THERE WAS NO UNRELATED BUSINESS TAXABLE IN	ICOM	E			

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

2012 2012 Open to Public

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2 Employer Identification number 90-0091850 X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection BALTIMORE OFFICE OF PROMOTION AND THE ARTS INC. Part I General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

res for monitoring the use of grant funds in the United States	2art II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	0 Part II can be duplicated if additional space is needed	
Describe in Part IV the organization's procedures for monitoring the use	rt II Grants and Other Assistance to Governments and Organization	recipient that received more than \$5,000. Part II can be duplicate	
7	Par		١

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	55,000 Par II car	n be auplicated if additi	ional space is need	Del			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKLIN SQUARE COMMUNITY				-			
ASSOCIATION - 1321 WEST SARATOGA							PNC TRANSFORMATIVE ART
STREET - BALTIMORE, MD 21223	52-1523238	501(C)(3)	16,689.	0			PROJECT GRANT
				•			PNC TRANSFORMATIVE ART
ARTBLOCKS	_		-				PROJECT GRANT AND
834 W 36TH STREET BALTIMORE MD 21211	80-0300531	501(C)(3)	8 949	. 0			REIMBURSEMENTS FOR MATERIALS RENT
							1
HAMILTON-LAUREVILLE MAIN STREET				-			
5500 HARTFORD ROAD, SUITE 201							PNC TRANSFORMATIVE ART
BALTIMORE, MD 21214	26-3450169	501(C)(3)	15,653.	0.			PROJECT GRANT
WHAT WORKS STUDIO				-			
900 CATHEDRAL STREET, #217							HOME OWNERSHIP WORKSHOP
BALTIMORE, MD 21201			10,000	0			GRANT
YOUNG AUDIENCES OF MARYLAND							
2601 NORTH HOWARD STREET, SUITE 320							ARTIST IN RESIDENCE
BALTIMORE, MD 21218	52-0698849	501(C)(3)	27,000,	0			MANAGEMENT GRANT
				-			
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government o	ganizations listed in the	e line 1 table				4.

3 Enter total number of other organizations listed in the line 1 table

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

232101 12-18-12

Schedule I (Form 990) (2012)

Page 2

90-0091850

Schedule I (Form 990) (2012)

AND THE ARTS INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Supplemental Inforn	le the information	required in Part I,	line 2, Part III, columr	(b), and any other additional inf	ormation
PART II, LINE I, COLUMN (H): NAME OF ORGANIZATION OR GOVERNMENT:	: ARTBLOCKS	CKS			
(H) PURPOSE OF GRANT OR ASSISTANCE:	PNC	TRANSFORMATIVE	ART	PROJECT GRANT	
AND REIMBURSEMENTS FOR MATERIALS, I	RENT, SU	SUPPLIES, ETC.	Ċ.		
				:	

Schedule I (Form 990) (2012)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23. 2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990. ► See separate instructions.

BALTIMORE OFFICE OF PROMOTION

AND THE ARTS INC.

Employer identification number 90-0091850

Questions Regarding Compensation Part I Yes No ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items First class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, X trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of Х a The organization? 5a Х Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes." describe in Part III 7 Х Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III X 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

AND THE ARTS INC.

90-0091850

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	- 1		
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(E) (i)-(D)	(F) Compensation reported as deferred in prior Form 990
(1) WILLIAM B. GILMORE	ε	138,153.	0	0	117240.	16,941.	166,342.	0
SIDENT/CHAIRMAN/EXECUTIVE DIRECTO	3	0	0	0	0.	0	0	
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	(E)							
	Ξ							
	⊞							
	(3)							
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BALTIMORE OFFICE OF PROMOTION AND THE ARTS INC. Schedule J (Form 990) 2012

90-0091850

Page 3

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information. Part III Supplemental Information

,									
	-			-					

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

BALTIMORE OFFICE OF PROMOTION AND THE ARTS INC.

Employer identification number 90-0091850

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:							
BALTIMORE A MORE VIBRANT AND CREATIVE CITY, WAS FOUNDED IN 2002 WHEN							
THE FORMER MUNICIPAL OFFICE OF THE MAYOR'S ADVISORY COMMITTEE ON ART &							
CULTURE (MACAC) MERGED WITH THE BALTIMORE OFFICE OF PROMOTION (BOP),							
THEN A PROGRAM OF THE BALTIMORE DEVELOPMENT CORPORATION (BDC). BOPA							
INCORPORATED IN 2004 TO OPERATE AS AN INDEPENDENT, TAX-EXEMPT,							
NON-PROFIT CORPORATION. BOPA AIMS TO NURTURE AND ADVANCE THE ARTS ON							
BEHALF OF ALL CITIZENS OF BALTIMORE AND THE REGION WITH PROGRAMS AND							
ACTIVITIES THAT: INSPIRE THE ARTIST; BUILD A CREATIVE COMMUNITY;							
GENERATE A VIBRANT ECONOMY; SHOWCASE THE ARTS; MANAGE LANDMARK							
ATTRACTIONS; AND COORDINATE HALLMARK EVENTS.							
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:							
AN AUDIENCE OF OVER 1 MILLION PEOPLE.							
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:							
PROMOTES FREE ADMISSION, WORKSHOPS, AND PERFORMANCES THROUGHOUT OCTOBER							
AT NEARLY 100 CITY ARTS AND CULTURAL ORGANIZATIONS. BRIGHT STARTS ARTS							
EDUCATION INITIATIVE PROVIDES VISUAL AND PERFORMING ARTS PROGRAMS FOR							
2,500 SCHOOL-AGED CHILDREN IN AND OUT OF THE SCHOOL DAY; BOPA ENHANCES							
BALTIMORE AS A CITY THAT SUPPORTS ART AND ARTISTS THROUGH THE ANNUAL							
\$25,000 SONDHEIM PRIZE, OPEN STUDIO TOUR, AND MANAGEMENT OF THE THREE							
ARTS AND ENTERTAINMENT DISTRICTS.							

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED INTERNALLY AND

PROVIDED TO BOARD MEMBERS FOR REVIEW, COMMENT, AND APPROVAL PRIOR TO

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

FORM 990, PAR

FORM 990, PART XII, LINE C:

THERE WAS NO CHANGE IN THE PROCESS FOR OVERSEEING THE AUDIT FROM THE PRIOR YEAR.

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

If you	If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box									
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of t	hıs form)						
Do not	complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	ly filed Fo	rm 8868					
Electro	onic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tim	e to file (6	months for a corpo	oration				
equire	d to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically fil	e Form 88	368 to request an e	xtension				
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for T	ransfers /	Associated With Ce	rtaın				
Person	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details o	n the elec	tronic filing of this f	orm,				
visit wu	vw irs gov/efile and click on e-file for Chanties & Nonprofits									
Part	Automatic 3-Month Extension of Time	. Only s	submit original (no copies nee	eded).						
A corpo	pration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and c	omplete						
Part I o	nly				>					
	r corporations (including 1120-C filers), partnerships, REM acome tax returns	ICs, and t	rusts must use Form 7004 to requesi	t an exten	sion of time					
Туре о	r Name of exempt organization or other filer, see instru	Employe	mployer identification number (EIN							
print	BALTIMORE OFFICE OF PROMOTI	, ,								
	AND THE ARTS INC.		90-0091850							
File by the	Number street and recommendate to Ka D.O. have	Social se	locial security number (SSN)							
iling your	10 EAST BALTIMORE STREET. 1									
eturn Se nstructio	e	City, town or post office, state, and ZIP code For a foreign address, see instructions								
	BALTIMORE, MD 21202									
Enter th	ne Return code for the return that this application is for (file	a separa	te application for each return)			0 1				
Applica	ation	Return	Application			Return				
s For		Code	ls For		Code					
Form 9	90 or Form 990-EZ	01_	Form 990-T (corporation)	07						
Form 9	90-BL	02	Form 1041-A	08						
Form 4	720 (ındıvıdual)	03	Form 4720							
Form 9	90-PF	04	Form 5227							
Form 9	90-T (sec 401(a) or 408(a) trust)	05	Form 6069							
Form 9	90-T (trust other than above)	06	Form 8870			12				
	THE ORGANIZATION		10 EAST BALTIMORE S	STREE	т, 10тн гі	JOOR				
	books are in the care of - BALTIMORE, MI	212								
	phone No ▶ <u>410-752-8632</u>		FAX No. ► 410-385-03	51						
	e organization does not have an office or place of business			-	>					
_	is is for a Group Return, enter the organization's four digit	, '	· · · · · · · · · · · · · · · · · · ·		r the whole group, o					
box 🕨					ers the extension is	for				
1 1	request an automatic 3-month (6 months for a corporation									
_	FEBRUARY 15, 2014, to file the exemp	t organiza	tion return for the organization name	d above.	The extension					
IS	s for the organization's return for									
	calendar year or									
	▼X tax year beginning <u>JUL 1, 2012</u>	, an	d ending <u>JUN</u> 30, 2013		_					
0 14	the toy year entered in line 1 is for less than 10 months.	haal: *aaa	on. Industration Ir	- 	_					
2 "	2 If the tax year entered in line 1 is for less than 12 months, check reason·									
1	Change in accounting period									
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, 0	or 6069 e	nter the tentative tax less any	1						
	onrefundable credits. See instructions	3a	\$	0.						
_	this application is for Form 990-PF, 990-T, 4720, or 6069,	Ja	•							
	stimated tax payments made Include any prior year overp	3ь	\$	0.						
_	Balance due. Subtract line 3b from line 3a. Include your pa	35								
	y using EFTPS (Electronic Federal Tax Payment System)	Зс	s	0.						
	n. If you are going to make an electronic fund withdrawal v				EO for payment inst					
LHA	For Privacy Act and Paperwork Reduction Act Notice,				Form 8868 (R					
					•	•				

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